

State of Michigan
Department of Licensing and Regulatory Affairs
Michigan Administrative Hearing System/
Workers' Compensation Agency
P.O. Box 30016, Lansing, MI 48909

**SUBPOENA FOR PRODUCTION OF RECORDS
(and/or) WITNESS SUBPOENA**

Plaintiff

Defendant(s)

v

Last 4 digits of injured worker's social security number:

TO:

YOU ARE ORDERED:

- ☐ 1. to produce on or before _____ the following records, papers, books and documents, or make the materials reasonably available for copying when received:
- ☐ 2. to appear personally before _____ on:
Date: _____ Time: _____ Location: _____
- ☐ 3. to both produce the items designated in Number 1, and to appear personally as outlined in Number 2.

If you refuse to obey this subpoena, refuse to be sworn or testify, or fail to produce such material as you have been ordered to produce, you may be found guilty of contempt and punished accordingly in any circuit court within whose jurisdiction the offense is committed and for which purpose the court is given jurisdiction.

Note: If copies of business/medical records are mailed, the records custodian shall complete the certificate on the backside of this subpoena and attach a complete copy of the original business/medical records to the subpoena.

DO NOT SEND RECORDS TO THE WORKERS' COMPENSATION AGENCY OFFICE

All items specified in Number 1 above are to be forwarded to:

Name of attorney/party requesting subpoena (please print or type)		Representing		
P Number	Email	Telephone Number		
Street Address		City	State	ZIP Code

By requesting this subpoena, the attorney/party certifies that the matter about which this subpoena is issued is pending before the Agency and is issued in compliance with MCL 418.853 and Rule 418.56.

This subpoena must be signed by an Attorney of Record, Magistrate, Workers' Compensation Agency Director, or Chair of the Michigan Compensation Appellate Commission.

Name (please print or type)

P Number

Signature

Date

Plaintiff Attorney Name, P#, Address, Phone	Defendant Attorney Name, P#, Address, Phone	Defendant Attorney Name, P#, Address, Phone

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Authority: Workers' Disability Compensation Act 418.853; 2007 MR 4; R418.56
Completion: Voluntary
Penalty: Contempt

Plaintiff

Last 4 digits of injured worker's social security number:

Defendant(s)

v

CERTIFICATE OF RECORDS CUSTODIAN

_____, the undersigned after being sworn, states the following:

1. That I am the _____ of _____
Your position Organization
and in such capacity I am the custodian of the business/medical records for this organization.
2. That on _____, I was served with a subpoena in connection with this claim, calling for the
Date
production of business/medical records pertaining to _____.
3. That I reviewed the original of the records and made a true and exact copy of the original records and that the attached copies of the original records are true and complete.
4. If submitting medical records, it is the regular practice of this organization to contemporaneously and timely record information concerning the treatment and care of the patient and I have attached the records that have been prepared and kept concerning this patient.

Signature _____ Date _____

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires _____ Signature _____
Date Notary Public

AFFIDAVIT OF MAILING/PROOF OF SERVICE

I certify that on _____ a copy of this subpoena with a witness fee and mileage fee was
Date

- ☐ mailed to the other party(ies) or their attorney(s), securely sealed with full-rate postage attached and deposited with the United States Postal Service.
- ☐ personally served.

Signature _____ Date _____

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires _____ Signature _____
Date Notary Public